

Substitute for Form PTO-875

Applicant's Present Doctor Name: _____

09/740751

(Column 1)	(Column 2)
1	2
3	4
5	6
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95	96
97	98
99	100

(COLUMN 1)		(COLUMN 2)		SMALL ENTITY OR		SMALL ENTITY		
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.18(a))					\$ _____	OR		\$ _____
TOTAL CLAIMS (37 CFR 1.18(d))				\$ _____		OR	\$ _____	
INDEPENDENT CLAIMS (37 CFR 1.18(b))				\$ _____		OR	\$ _____	
				\$ _____		OR	\$ _____	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(c))				TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

* If the difference in column 1 is less than zero, enter "U" in column 2.

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1) CLASSES REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Total (37 CFR 1.140)</div> <div style="border: 1px solid black; padding: 2px;">Independent (37 CFR 1.141)</div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Minus</div> <div style="border: 1px solid black; padding: 2px;">Minus</div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">"</div> <div style="border: 1px solid black; padding: 2px;">"</div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">\$</div> </div>	RATE	OR	RATE
				ADDITIONAL FEE		ADDITIONAL FEE
				X \$		X \$
				X \$		X \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.142)				TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE

AMENDMENT B	(Column 1) CLASSES REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Total (37 CFR 1.140)</div> <div style="border: 1px solid black; padding: 2px;">Independent (37 CFR 1.141)</div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Minus</div> <div style="border: 1px solid black; padding: 2px;">Minus</div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">"</div> <div style="border: 1px solid black; padding: 2px;">"</div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">\$</div> </div>	RATE	OR	RATE
				ADDITIONAL FEE		ADDITIONAL FEE
				X \$		X \$
				X \$		X \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.142)				TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE

AMENDMENT C	(Column 1) CLASSES REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Total (37 CFR 1.140)</div> <div style="border: 1px solid black; padding: 2px;">Independent (37 CFR 1.141)</div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Minus</div> <div style="border: 1px solid black; padding: 2px;">Minus</div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">"</div> <div style="border: 1px solid black; padding: 2px;">"</div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">\$</div> </div>	RATE	OR	RATE
				ADDITIONAL FEE		ADDITIONAL FEE
				X \$		X \$
				X \$		X \$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.142)				TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE

This request number previously paid for (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO) to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1430. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1430.

If you need assistance in completing the form, call 1-800-PTO-9129 and select option 2.

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